

**Check all that apply:**

<input type="checkbox"/> All Star Cheer	<input type="checkbox"/> All Star Prep
<input type="checkbox"/> Open Gym	<input type="checkbox"/> Class
<input type="checkbox"/> Private Lesson	<input type="checkbox"/> Gym Rental
<input type="checkbox"/> Misc. _____	



**For Office Use Only:**

Team / Class:	_____
Registration Date:	_____
Payment Method:	_____
Payment Amount:	_____

**REGISTRATION AND RELEASE FORM**

**ATHLETE INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Gender:  M  F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Social Security # (if 18 or older): \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Facebook: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian 1: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**MEDICAL INFORMATION**

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance:

\_\_\_\_\_

Allergies: \_\_\_\_\_  
 Medications (list all): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Parent Social Security #: \_\_\_\_\_  
 Emergency Contact #: \_\_\_\_\_

**Top Gun Orlando, LLC**

**(herein after referred to as "Top Gun")**

**ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM**

In consideration for (athlete name) \_\_\_\_\_'s participation in the activities provided by Top Gun, including but not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release Top Gun, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premise of Top Gun, including any event sponsored or sanctioned by Top Gun, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/ dangerous equipment; it is intended to be as broad as permissible under Florida Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Top Gun, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by Top Gun. This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give Top Gun permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with Top Gun. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any Top Gun activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Top Gun to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark the box next to main phone # to call with Results and/or Questions.

Athlete Name

Age (on 8/31/18)

Date of Birth

Athlete Phone # Gym/Program in 2017-18 Team & Level in 2017-18 # of Years in All Star

Parent Phone # Parent Name

1. Team/Division/Level Request 2. 3.

Other roster requests (long distance ride share, etc.)

\*\*\*\* These requests will be considered, but no guarantees are made. Specific requests for ride sharing/siblings/practice times etc. that are realistic, significant, and valid are accommodated when it doesn't hinder overall rosters.

If you have been on a team before, what role(s) did you play in stunt groups? (Check all that apply)

MAIN SIDE BACK FLYER FRONT

What is the HIGHEST level of stunts you have competed? (mark one) 1 2 3 4 5 6

Please list the most difficult stunt(s) you have competed:

Are you interested in being a cross-teamer? Cross-over fees will apply. If so, list the level(s) you are interested in:

What extra-curricular activities will be a higher priority for you than your all star team? (For what would you potentially request an excused absence?)

What dates/weeks will you be missing this summer (if any) for school cheer, camp, family vacation, or other commitments that you cannot reschedule?

Which is more important to you? Circle one: Position or Level

For example: If you really want to fly but it would mean going down a level you would pick position. If you would prefer to higher level stunts and tumbling and you don't mind trying a new position you would pick Level.



Please circle the two evaluation dates you will attend:

**Athlete Name** \_\_\_\_\_ **Age on 8/31/18** **April** 24th 25th **May** 8th 9th 12th (new athletes only)

Please put a check mark **IN THE CIRCLES ONLY** for skills you can currently complete safely, consistently, with good technique, and **WITHOUT A SPOTTER**.

	<u>Beginner</u>	<u>Intermediate</u>	<u>Advanced</u>
<b>LEVEL 1</b>	<input type="checkbox"/> Forward Roll <input type="checkbox"/> Backward Roll <input type="checkbox"/> Cartwheel <input type="checkbox"/> Round Off <input type="checkbox"/> Bridge Kick Over	<input type="checkbox"/> Jumps to Forward Roll <input type="checkbox"/> Jumps to Backward Roll <input type="checkbox"/> Handstand Forward Roll <input type="checkbox"/> Front Limber <input type="checkbox"/> Back Walkover	<input type="checkbox"/> Back Extension Roll <input type="checkbox"/> Front Walkover <input type="checkbox"/> Back Walkover Series <input type="checkbox"/> Back Limber <input type="checkbox"/> Specialty Series
<b>LEVEL 2</b>	<input type="checkbox"/> Standing BHS <input type="checkbox"/> Jumps pause BHS <input type="checkbox"/> BHS pause BHS <input type="checkbox"/> Round Off BHS <input type="checkbox"/> Front Handspring	<input type="checkbox"/> Straight Jump BHS <input type="checkbox"/> BWO BHS <input type="checkbox"/> BHS Step Out RO BHS <input type="checkbox"/> RO BHS Series <input type="checkbox"/> Front Bounder	<input type="checkbox"/> BWO BHS Step Out into Specialty <input type="checkbox"/> FWO RO BHS Series <input type="checkbox"/> Specialty Series <input type="checkbox"/> Front Bounder Step Out <input type="checkbox"/> FHS Front Bounder
<b>LEVEL 3</b>	<input type="checkbox"/> Standing 2 BHS <input type="checkbox"/> Jumps to BHS <input type="checkbox"/> RO Tuck <input type="checkbox"/> RO BHS Tuck	<input type="checkbox"/> Standing 3 BHS <input type="checkbox"/> 3 Jumps to 2 BHS <input type="checkbox"/> FWO RO BHS Tuck <input type="checkbox"/> RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front	<input type="checkbox"/> 4 Jumps to 3 BHS <input type="checkbox"/> Jump BHS Jump BHS <input type="checkbox"/> Jump BHS Step Out RO BHS Tuck <input type="checkbox"/> FWO RO BHS Step Out RO BHS Tuck <input type="checkbox"/> Punch Front FR RO BHS Tuck
<b>LEVEL 4</b>	<input type="checkbox"/> Standing Tuck <input type="checkbox"/> Standing BHS Tuck <input type="checkbox"/> Jump to BHS Tuck <input type="checkbox"/> RO BHS Layout	<input type="checkbox"/> 3 Jumps to BHS Tuck <input type="checkbox"/> 3 Jumps pause Tuck <input type="checkbox"/> Standing BHS Layout <input type="checkbox"/> FWO RO BHS Layout	<input type="checkbox"/> Jumps to BHS Layout <input type="checkbox"/> BHS Whip BHS Layout <input type="checkbox"/> Punch Front RO BHS Layout <input type="checkbox"/> RO Whip BHS Layout <input type="checkbox"/> RO Whip Punch Layout
<b>LEVEL 5</b>	<input type="checkbox"/> Jumps to Tuck <input type="checkbox"/> 3 BHS Full <input type="checkbox"/> 2 BHS Full <input type="checkbox"/> RO BHS Full <input type="checkbox"/> FWO RO BHS Full	<input type="checkbox"/> Standing BHS Full <input type="checkbox"/> Jump 2 BHS Full <input type="checkbox"/> Standing Full <input type="checkbox"/> BHS Whip 2 BHS Full <input type="checkbox"/> Specialty to Full <input type="checkbox"/> RO BHS Double Full	<input type="checkbox"/> Jump to Standing Full <input type="checkbox"/> BHS Series to Double Full <input type="checkbox"/> 2 BHS to Whip Punch Double Full <input type="checkbox"/> Standing Specialty to Double Full <input type="checkbox"/> Running Specialty to Double Full

Comments:



p.2

(Staff only below line)

PK \_\_\_\_\_ FH \_\_\_\_\_ TT \_\_\_\_\_ 4 Jumps \_\_\_\_\_

D1	Comments
Stunt Position:	Team/Level:

D2	Comments
Stunt Position:	Team/Level:

Coach 1 \_\_\_\_\_

Coach 2 \_\_\_\_\_

**Cheer Athlete Evaluation Form**